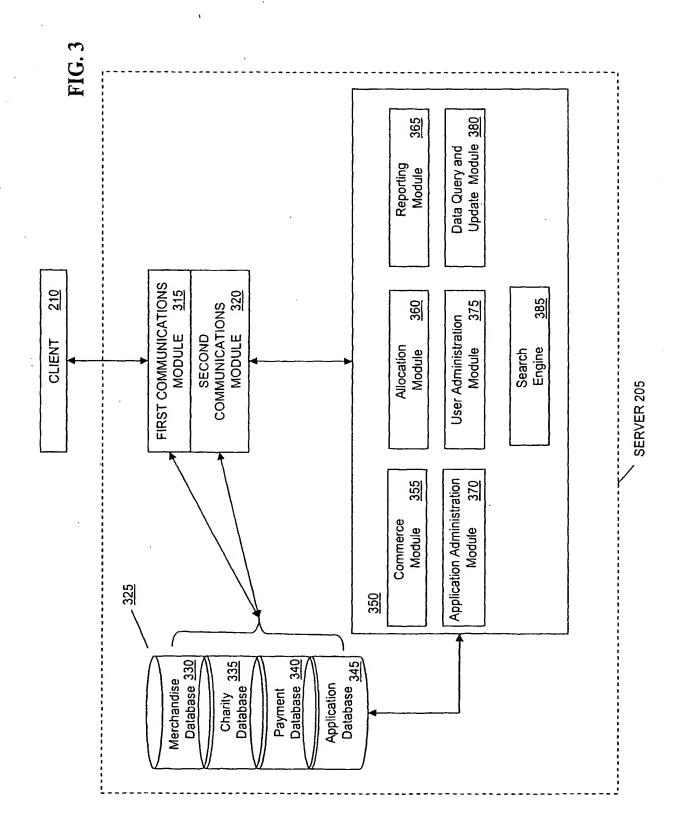
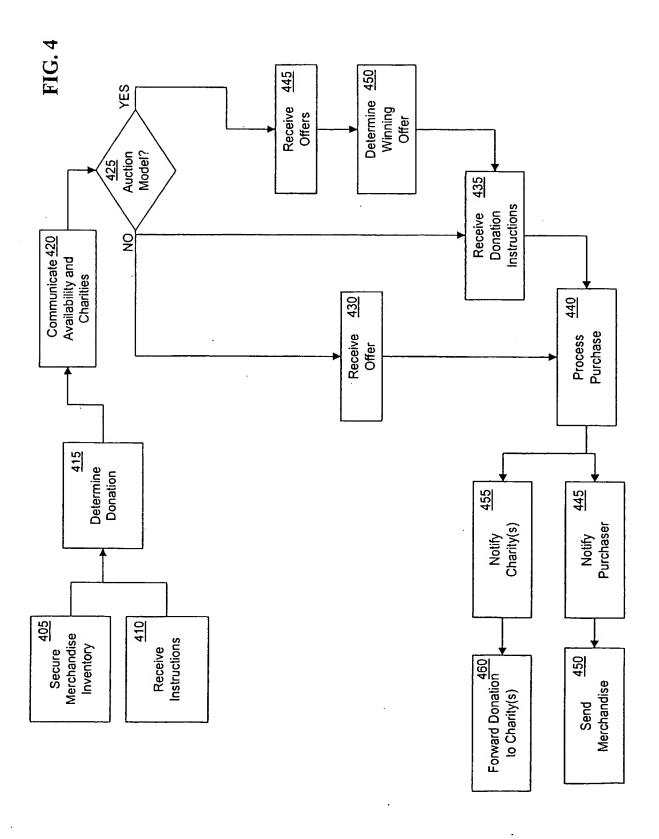


CLIENT APPLICATIONS 215 " **CLIENT 210"** - 220 CLIENT APPLICATIONS 215 NETWORK SERVER 205 CLIENT 210' CLIENT APPLICATIONS 215 CLIENT 210





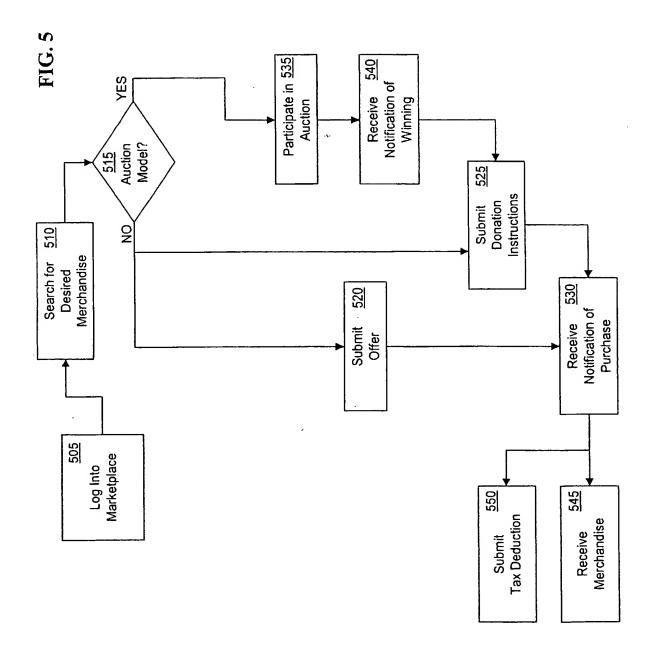
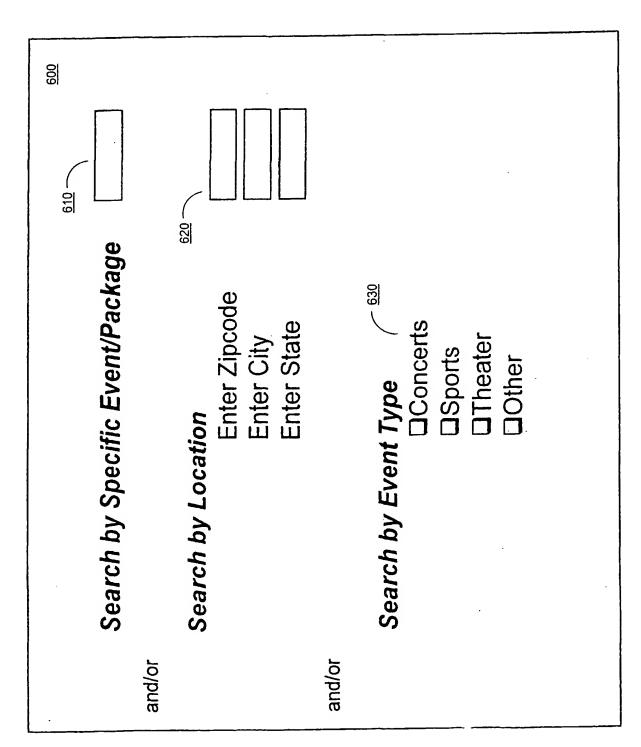


FIG.



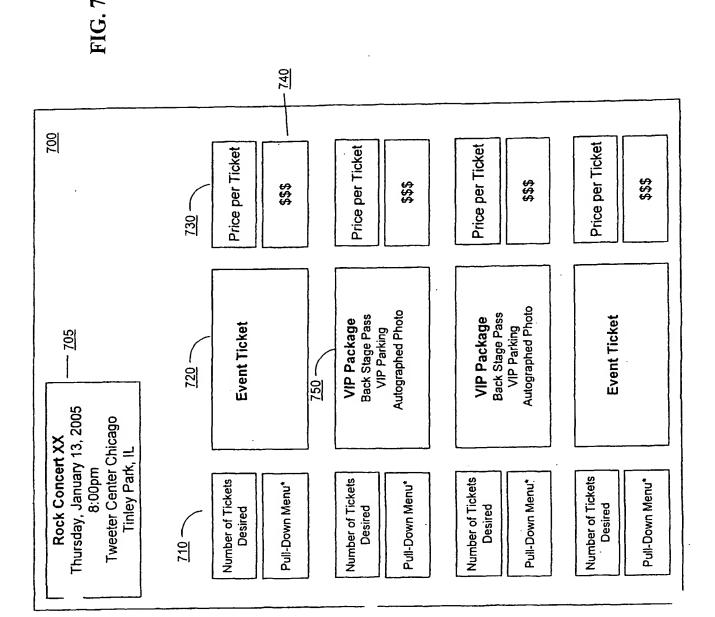
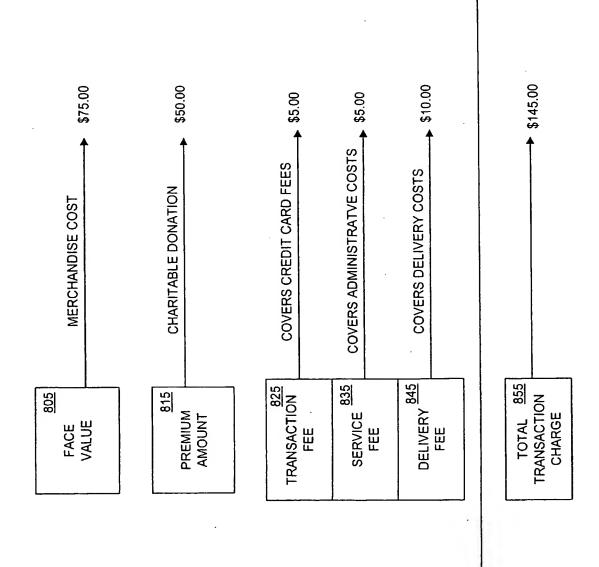
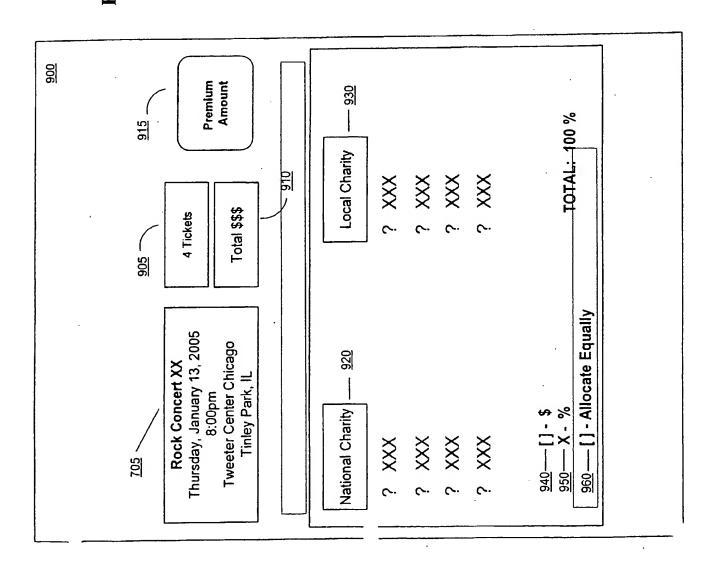


FIG. 8



IG. 9



·Credit Card Number

FIG. 10

1015 1020 1000 Please select preferred ticket delivery method: American Express \$xxx \$xxx \$xxx ☐Charity Donations
•Charity 1
•Charity 2
•Charity 3 Billing Information ·Credit Card Type ☐Total Charges □Charges/ Fees Billing address □Overnight Mail Order Review ☐Standard Mail □Email/ Print Tickets □Will Call

(

1100

Name of Charitable Organization – Address

Donor Name —— 1110 Donor Address

Dear XXXX

Thank you for your contribution of Premium Amount.

Please keep this written acknowledgment of your donation for your tax records. Tax laws require us to estimate the value of goods and services, if any, that have been rendered to you in return for your contribution, and to remind you that your contribution is deductible only to the extent that it exceeds what we have provided.

Thank you for your continuing support.

Donation amount: Premium Amount Value of goods or services provided in return: Ticket Face Value

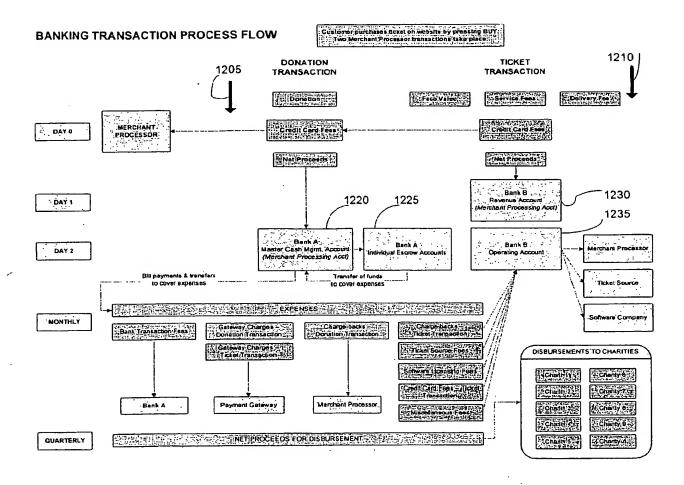


FIG. 12